

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD



CLIENT NAME / BILL TO	EMAIL ADDRESS
Jen Doe	info@white-water-associates.com

ADDRESS	TELEPHONE
409 River Lane	906 822 7889

Amasa MI: PO Box 27, 429 River Ln, Amasa MI 49903, 906-822-7889
Keweenaw WI: 223B Milwaukee St, Keweenaw WI 54216, 920-419-2249

CITY	STATE	ZIP	PROJECT NAME / WSSN#
Amasa	MI	49920	Drinking Water

TEST / ANALYSIS REQUESTED (Attach list if needed)

Unless otherwise noted, drinking water reports are sent to the local and/or state regulating agencies

SAMPLER NAME (print first/last name)	COUNTY OF LOCATION	SITE CODE
Jen Doe	Iron	Type II Distributors Only

SAMPLER'S SIGNATURE	Public Systems, in REMARKS state: Sample Type = Routine, Repeat, Raw, Process, or Other.	Preservatives WWA noted upon arrival, database contains bottle preservation details.
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SAMPLE ID AND LOCATION <small>(Containers for each sample may be combined on one line)</small>	Sample Collection		PRESERVATIVES										Number of Containers	Coliform	REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff.)
	DATE	TIME	Matrix Code (key below)	Samp Type (G)/rab (C)/omp	Filtered	Residual Chlorine	None	H2SO4	HNO3	HCl	NaOH	Na Thio			

425 Townline Rd, Amasa, MI	5/3/2023	9:00	DW												1	X	
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Kitchen																	
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Relinquished by: Jen Doe	Date: 5/3/2023	Time: 9:30	Received by:	Date:	Time:	Comments:	Packing: Ice ___ Cooler ___
Relinquished by:	Date:	Time:	Received by:	Date:	Time:		

Matrix Code: Drinking Water (DW) , Water (W) , Sediment (Sd) , Soil/Solid (S) , TCLP (TC) , SPLP (SP) , Other (O)
 Note: Drinking Water records retained for a minimum of 12 years unless directed by client for regulatory agency

Sample temp (°C) on receipt: obs: _____ corr: _____

UPS FedEx USPS Client Other _____